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Transamerica Landmark Variable Annuity

Home Office: Cedar Rapids, IA

Mailing Address: Transamerica Life Insurance Company

4333 Edgewood Road NE, Cedar Rapids, IA 52499

Telephone: (800) 525-6205

1. ANNUITANT

Full Name: Patrick Garvey

Residential Address: * [REDACTED] City, State, Zip: Cranston, RI 02910

Mailing Address: [REDACTED] City, State, Zip: [REDACTED]

SSN/TIN: [REDACTED] Date of Birth: [REDACTED]

Telephone: [REDACTED] E-mail Address: [REDACTED]

Sex: ☒ Male

Citizenship: ☒ U.S. Citizen/Resident Alien

☐ Female

☐ Non-Resident Alien (Country of Residence: [REDACTED])

*Residential Address must be completed and cannot be a P.O. Box.

2. OWNERSHIP

A. PRIMARY OWNER

☐ Same as Annuitant

Linking Number (if applicable): [REDACTED]

Full Name: Estela Rodrigues

Residential Address: * [REDACTED] City, State, Zip: Barrington, RI 02806

Mailing Address: [REDACTED] City, State, Zip: [REDACTED]

SSN/TIN: [REDACTED] Date of Birth: [REDACTED]

Telephone: [REDACTED] E-mail Address: [REDACTED]

Sex: ☐ Male

Citizenship: ☒ U.S. Citizen/Resident Alien

☒ Female

☐ Non-Resident Alien (Country of Residence: [REDACTED])

B. JOINT OWNER (if applicable)

Relationship to Primary Owner: [REDACTED]

Full Name: [REDACTED]

Residential Address: * [REDACTED] City, State, Zip: [REDACTED]

Mailing Address: [REDACTED] City, State, Zip: [REDACTED]

SSN/TIN: [REDACTED] Date of Birth: [REDACTED]

Telephone: [REDACTED] E-mail Address: [REDACTED]

Sex: ☐ Male

Citizenship: ☐ U.S. Citizen/Resident Alien

☐ Female

☐ Non-Resident Alien (Country of Residence: [REDACTED])

*Residential Address must be completed and cannot be a P.O. Box.

A Trustee Certification Form is required if a Trust is named as Owner.

3. BENEFICIARY DESIGNATION (If there are more than 3 beneficiaries, attach a separate sheet)

Full Name: Estela Rodrigues

Relationship: owner

Mailing Address:

City, State, Zip:

SSN/TIN:

Date of Birth:

Sex: ☐ Male ☒ Female

☒ Primary ☐ Contingent 100 %

Full Name:

Relationship:

Mailing Address:

City, State, Zip:

SSN/TIN:

Date of Birth:

Sex: ☐ Male ☐ Female

☐ Primary ☐ Contingent %

Full Name:

Relationship:

Mailing Address:

City, State, Zip:

SSN/TIN:

Date of Birth:

Sex: ☐ Male ☐ Female

☐ Primary ☐ Contingent %

Beneficiary designation(s) must total 100 %.

A Trustee Certification Form is required if a Trust is named as Beneficiary.

4. INITIAL PURCHASE PAYMENT

☒ Check/Wire Enclosed \$ 290,000.00

☐ Carrier to request release of funds \$

☐ Agent/Client to request release of funds \$

5. NON-QUALIFIED INFORMATION

☒ New Money

☐ 1035 Exchange

☐ CD/Mutual Fund Liquidation

6. QUALIFIED INFORMATION

☐ IRA ☐ Roth IRA ☐ SEP/IRA ☐ 403(b) ☐ Other

Source of Funds:

☐ New Money: Tax Year (Defaults to Current Calendar Year)

☐ Trustee to Trustee Transfer

☐ Rollover From:

☐ IRA

☐ ROTH IRA - Date first established

☐ SEP/IRA

☐ 403(b)

☐ Converted ROTH - Date of conversion

☐ Other

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7. GUARANTEED DEATH BENEFITS

If no option is specified, the Return of Premium Death Benefit will apply. Your selection cannot be changed after the policy has been issued.

The Living/Withdrawal Benefit Rider(s) in Section 8 are not available if you have chosen the Double Enhanced Death Benefit.

- ☐ Return of Premium Death Benefit (Issue Ages: 0 to 90)
- ☐ Annual Step-Up Death Benefit (Issue Ages: 0 to 75)
- ☒ Double Enhanced Death Benefit (Issue Ages: 0 to 75)

Additional Death Benefit Rider(s) - only one Additional Death Benefit can be elected:

- ☒ Additional Death Distribution (Issue Ages: 0 to 80) - Not available in MN and WA
- ☐ Additional Death Distribution + (Issue Ages: 0 to 75) - Not available in MN and WA

8. AVAILABLE LIVING/WITHDRAWAL BENEFIT RIDERS

For the description and applicable fees for the rider(s) listed below, check the prospectus. If a rider is not selected, it will not apply. Only one Living/Withdrawal Benefit can be elected.

- ☐ Guaranteed Principal Solution Rider (Issue Ages: 0 to 80)
- ☐ Retirement Income Choice Rider (Issue Ages: 0 to 85)
 - ☐ Single
 - ☐ Joint (Joint Owner in Section 2B or Sole Beneficiary in Section 3 must be a spouse).

Additional Retirement Income Choice Rider options (more than one option may be selected):

- ☐ Death Benefit
- ☐ Income Enhancement - Not available in CT

9. OTHER AVAILABLE RIDERS

For the description and applicable fees for the rider(s) listed below, check the prospectus. If a rider is not selected, it will not apply.

- ☐ Liquidity Rider (Issue Ages: 0 to 90)

10. PORTFOLIO INVESTMENT STRATEGY

- ☐ Immediate Investment (Future Premium Allocations will be invested in this manner unless otherwise specified.)

I elect to allocate 100% of my contributions according to the percentage(s) listed in "Immediate Investment Allocation". Complete Section 11. For CA Residents age 60 and over, please include the Immediate Investment Form.

- ☐ Dollar Cost Averaging (DCA) Program

I elect to allocate 100% of my contributions according to the percentage(s) listed in "Dollar Cost Averaging Program". Complete Section 12.

- ☐ Combined: Immediate Investment and DCA Program

Please complete Section 11 and Section 12.

11. IMMEDIATE INVESTMENT/COMBINED ALLOCATION

Portion of Initial Premium to be allocated to Dollar Cost Averaging Program (if applicable):

____.0% Dollar Cost Averaging (\$500 minimum per transfer) - Please complete Section 12.⁽¹⁾

Portion of Initial Premium to be immediately invested:

Fixed Accounts:*

____.0% 1 Year Fixed Guaranteed Period Option⁽¹⁾

____.0% 5 Year Fixed Guaranteed Period Option⁽¹⁾

____.0% 3 Year Fixed Guaranteed Period Option⁽¹⁾

____.0% 7 Year Fixed Guaranteed Period Option⁽¹⁾

Variable Sub-Accounts:

____100.0% Transamerica Money Market⁽¹⁾

____.0% International Moderate Growth Fund⁽¹⁾

____.0% Asset Allocation - Conservative Portfolio⁽¹⁾

____.0% PIMCO Total Return⁽¹⁾

____.0% Asset Allocation - Moderate Portfolio⁽¹⁾

____.0% Transamerica Balanced⁽¹⁾

____.0% Asset Allocation - Moderate Growth Portfolio⁽¹⁾

____.0% Transamerica U.S. Government Securities⁽¹⁾

____.0% Asset Allocation - Growth Portfolio

____.0% Marsico Growth

____.0% AIM V.I. Basic Value Fund

____.0% MFS High Yield

____.0% AIM V.I. Capital Appreciation Fund

____.0% MFS New Discovery Series

____.0% AllianceBernstein Growth and Income Portfolio

____.0% MFS International Equity

____.0% AllianceBernstein Large Cap Growth Portfolio

____.0% MFS Total Return Series

____.0% American Century Large Company Value

____.0% Mutual Shares Securities Fund

____.0% BlackRock Large Cap Value

____.0% Templeton Foreign Securities Fund

____.0% Capital Guardian Global

____.0% Templeton Transamerica Global

____.0% Capital Guardian U.S. Equity

____.0% Transamerica Convertible Securities

____.0% Capital Guardian Value

____.0% Transamerica Equity

____.0% Clarion Global Real Estate Securities

____.0% Transamerica Growth Opportunities

____.0% Fidelity - VIP Contrafund ® Portfolio

____.0% Transamerica Science & Technology

____.0% Fidelity - VIP Equity-Income Portfolio

____.0% Transamerica Small/Mid Cap Value

____.0% Fidelity - VIP Growth Portfolio

____.0% T. Rowe Price Equity Income

____.0% Fidelity - VIP Mid Cap Portfolio

____.0% T. Rowe Price Growth Stock

____.0% Fidelity - VIP Value Strategies Portfolio

____.0% T. Rowe Price Small Cap

____.0% Franklin Income Securities Fund

____.0% Van Kampen Active International Allocation

____.0% Janus Aspen - Mid Cap Growth Portfolio

____.0% Van Kampen Large Cap Core

____.0% Janus Aspen - Worldwide Growth Portfolio

____.0% Van Kampen Mid-Cap Growth

____.0% Jennison Growth

____.0% Other _____

____.0% JPMorgan Enhanced Index

____.0% Other _____

____.0% Legg Mason Partners All Cap

100 %

*Guaranteed Period Option premium limits may apply.

Only the 1 year Guaranteed Period is available in the following states: CT, PA, VT, VA.

Guaranteed Period Options are not available in the following states: AL, KY, MD, MN, WA.

⁽¹⁾If either the Double Enhanced Death Benefit in Section 7 or the Retirement Income Choice Rider in Section 8 is elected, allocations are only allowed among these Designated Funds.

12. DOLLAR COST AVERAGING (DCA) PROGRAM

There is a minimum of \$500 for each DCA Transfer. The minimum length for a DCA Program is six (6) months.

Transfer from:

- ☐ DCA Fixed Account
☐ Transamerica Money Market
☐ Transamerica US Government Securities

Frequency:

- ☐ Monthly ☐ Quarterly

Number of Transfers:*

- ☐ 4 ☐ 6 ☐ 8 ☐ 12 ☐ 24 ☐ Other: _____

Transfer to Subaccounts:

- | | |
|---|--|
| ____.0% Transamerica Money Market ^(*) | ____.0% International Moderate Growth Fund ^(*) |
| ____.0% Asset Allocation - Conservative Portfolio ^(*) | ____.0% PIMCO Total Return ^(*) |
| ____.0% Asset Allocation - Moderate Portfolio ^(*) | ____.0% Transamerica Balanced ^(*) |
| ____.0% Asset Allocation - Moderate Growth Portfolio ^(*) | ____.0% Transamerica U.S. Government Securities ^(*) |
| ____.0% Asset Allocation - Growth Portfolio | ____.0% Marsico Growth |
| ____.0% AIM V.I. Basic Value Fund | ____.0% MFS High Yield |
| ____.0% AIM V.I. Capital Appreciation Fund | ____.0% MFS Total Return Series |
| ____.0% AllianceBernstein Growth and Income Portfolio | ____.0% MFS International Equity |
| ____.0% AllianceBernstein Large Cap Growth Portfolio | ____.0% MFS New Discovery Series |
| ____.0% American Century Large Company Value | ____.0% Mutual Shares Securities Fund |
| ____.0% BlackRock Large Cap Value | ____.0% Templeton Foreign Securities Fund |
| ____.0% Capital Guardian Global | ____.0% Templeton Transamerica Global |
| ____.0% Capital Guardian U.S. Equity | ____.0% Transamerica Convertible Securities |
| ____.0% Capital Guardian Value | ____.0% Transamerica Equity |
| ____.0% Clarion Global Real Estate Securities | ____.0% Transamerica Growth Opportunities |
| ____.0% Fidelity - VIP Contrafund ® Portfolio | ____.0% Transamerica Science & Technology |
| ____.0% Fidelity - VIP Equity-Income Portfolio | ____.0% Transamerica Small/Mid Cap Value |
| ____.0% Fidelity - VIP Growth Portfolio | ____.0% T. Rowe Price Equity Income |
| ____.0% Fidelity - VIP Mid Cap Portfolio | ____.0% T. Rowe Price Growth Stock |
| ____.0% Fidelity - VIP Value Strategies Portfolio | ____.0% T. Rowe Price Small Cap |
| ____.0% Franklin Income Securities Fund | ____.0% Van Kampen Active International Allocation |
| ____.0% Janus Aspen - Mid Cap Growth Portfolio | ____.0% Van Kampen Large Cap Core |
| ____.0% Janus Aspen - Worldwide Growth Portfolio | ____.0% Van Kampen Mid-Cap Growth |
| ____.0% Jennison Growth | ____.0% Other _____ |
| ____.0% JPMorgan Enhanced Index | ____.0% Other _____ |
| ____.0% Legg Mason Partners All Cap | 100% |

*Washington applicants, DCA cannot exceed twelve months or four quarters.

^(*)If either the Double Enhanced Death Benefit in Section 7 or the Retirement Income Choice Rider in Section 8 is elected, allocations are only allowed among these Designated Funds.

13. ASSET REBALANCING

Rebalancing will not begin until completion of DCA Program, if applicable. Money invested in the Fixed Account is not included. More than one fund must be selected to participate in this program. If you would like to rebalance to a mix other than indicated in "Immediate Investment Allocation," please complete the Optional Services Form.

I elect Asset Rebalancing: ☒ No ☐ Yes

Rebalance the variable subaccounts according to my Immediate Investment Allocation using the frequency indicated below.

☐ Monthly ☐ Quarterly ☐ Semi-Annually ☐ Annually

14. REPLACEMENT INFORMATION

All questions in this section must be answered.

A. Do you have any existing annuity policies or life insurance contracts?

☐ No

☒ Yes

B. Will this annuity replace or change any existing annuity or life insurance?

☒ No

☐ Yes (Complete the following information.)

Company: _____

Policy #: _____

15. APPLICANT INFORMATION

☐ Check here if you want to be sent a copy of "Statement of Additional Information."

Did the agent or registered representative present and leave the applicant sales material?

☐ No

☒ Yes

16. TELEPHONE AUTHORIZATION

Please complete this section to authorize you and/or your Agent of record to make transfer requests via our recorded telephone line or internet. If no option is selected, the authorization will default to the Owner(s).

☐ Owner(s) Only ☒ Owner(s) and Owner's Agent of record

17. SIGNATURE(S) OF AUTHORIZATION ACCEPTANCE

- Unless I have notified the Company of a community or marital property interest in this contract, the Company will rely on good faith belief that no such interest exists and will assume no responsibility for inquiry.
- To the best of my knowledge and belief, all of my statements and answers on this application are correct and true.
- I am in receipt of a current prospectus for this variable annuity.
- I am in receipt of the privacy notice.
- This application is subject to acceptance by Transamerica Life Insurance Company. If this application is rejected for any reason, Transamerica Life Insurance Company will be liable only for return of purchase payment paid.
- I understand that federal law requires all financial institutions to obtain customer information, including the name, residential address, date of birth, Social Security Number or Tax Identification Number and any other information necessary to sufficiently identify each customer. I understand that failure to provide this information could result in the annuity contract not being issued, delayed or unprocessed transactions, or annuity contract termination.
- For Applicants in all states except AL, CT, KY, MD, MN, PA, VT, VA, WA: When funds are allocated to the Fixed Accounts in Section 11, policy values may increase or decrease in accordance with an Excess Interest Adjustment prior to the end of the Guaranteed Period.
- Connecticut Applicants: An illustration has been provided showing the minimum interest rate percentage applicable to the Fixed Account and I have reviewed it.

THE FIXED ACCOUNT OF THIS POLICY GUARANTEES A MINIMUM INTEREST PERCENTAGE OF 1.50. THIS RATE MAY BE LOWER THAN THE REQUIRED INTEREST RATE FOR CALCULATING MINIMUM SURRENDER VALUES. READ YOUR CONTRACT CAREFULLY.

I HAVE REVIEWED MY FINANCIAL OBJECTIVES AND INSURANCE NEEDS, INCLUDING ANY EXISTING ANNUITY COVERAGE, AND FIND THE ANNUITY BEING APPLIED FOR IS APPROPRIATE FOR MY NEEDS.

I have read the Fraud and Disclosure Statements listed on pages 3 and 4 of this application.

Account values when allocated to any of the subaccounts in Section 11 and Section 12 are not guaranteed as to fixed dollar amount.

Signed at: Carleton, RI
City State

Date: 3/12/08

Owner(s) Signature: ☒ Estela Rodriguez

Joint Owner(s) Signature: ☒ _____

Annuitant Signature (if not Owner): ☒ Patrick J. Barry

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18. REPRESENTATIVE/AGENT INFORMATION

A. Does the applicant have any existing annuity policies or life insurance contracts?

☐ No

☒ Yes

B. Do you have any reason to believe the annuity applied for will replace or change any existing annuity or life insurance?

☒ No

☐ Yes

C. Did you present and leave the applicant insurer-approved sales material?

☐ No

☒ Yes

REMINDER - If applicable, submit the appropriate state replacement form(s) if the Applicant's state has Replacement Regulations.

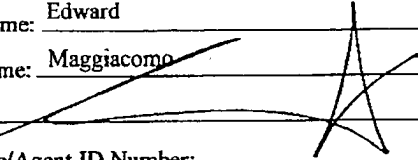
For Connecticut Applicants - I have provided an illustration showing the minimum interest rate percentage applicable to the Fixed Account and reviewed it with the Applicant.

I HAVE MADE REASONABLE EFFORTS TO OBTAIN INFORMATION CONCERNING THE CONSUMER'S FINANCIAL STATUS, TAX STATUS, INVESTMENT OBJECTIVES AND SUCH OTHER INFORMATION USED OR CONSIDERED TO BE REASONABLE IN MAKING THE ANNUITY RECOMMENDATION AND FIND THE ANNUITY BEING APPLIED FOR APPROPRIATE FOR HIS/HER NEEDS.

#1: Registered Representative/Licensed Agent

Print First Name: Edward

Print Last Name: Maggiacomo

☒ Signature: 

Representative/Agent ID Number:

178567

Email Address (Optional):

Phone Number: (401) 383-3955

585 424-5672

Firm Name: LifeMark Securities Corp

Firm Address: 400 West Metro Financial Center, Rochester, NY 14623

#2: Registered Representative/Licensed Agent

Print First Name:

Print Last Name:

☒ Signature: 

Representative/Agent ID Number:

Email Address (Optional):

Phone Number:

For Representative/Agent Use Only - Contact your home office for program information.

☒ Option A (not available with the Liquidity Rider)

☐ Option B

☐ Option C

(Once selected, program cannot be changed)

IMPORTANT NOTICE:
REPLACEMENT OF LIFE INSURANCE OR ANNUITIES

This document must be signed by the applicant and the producer, if there is one,
and a copy left with the applicant.

You are contemplating the purchase of a life insurance policy or annuity contract. In some cases this purchase may involve discontinuing or changing an existing policy or contract. If so, a replacement is occurring. Financed purchases are also considered replacements.

A replacement occurs when a new policy or contract is purchased and, in connection with the sale, you discontinue making premium payments on the existing policy or contract, or an existing policy or contract is surrendered, forfeited, assigned to the replacing insurer, or otherwise terminated or used in a financed purchase.

A financed purchase occurs when the purchase of a new life insurance policy involves the use of funds obtained by the withdrawal or surrender of or by borrowing some or all of the policy values, including accumulated dividends, of an existing policy, to pay all or part of any premium or payment due on the new policy. A financed purchase is a replacement.

You should carefully consider whether a replacement is in your best interest. You will pay acquisition costs and there may be surrender costs deducted from your policy or contract. You may be able to make changes to your existing policy or contract to meet your insurance needs at less cost. A financed purchase will reduce the value of your existing policy and may reduce the amount paid upon the death of the insured.

We want you to understand the effects of replacements before you make your purchase decision and ask that you answer the following questions and consider the questions on the back of this form.

1. Are you considering discontinuing making premium payments, surrendering, forfeiting, assigning to the insurer, or otherwise terminating your existing policy or contract? ☐ YES ☒ NO
2. Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ YES ☒ NO

If you answered "yes" to either of the above questions, list each existing policy or contract you are contemplating replacing (include the name of the insurer, the insured, and the contract number if available) and whether each policy will be replaced or used as a source of financing:

INSURER NAME	CONTRACT OR POLICY#	INSURED	REPLACED (R) OR FINANCING (F)
-----------------	------------------------	---------	----------------------------------

1. _____
2. _____
3. _____

Make sure you know the facts. Contact your existing company or its agent for information about the old policy or contract. (If you request one, an in-force illustration, policy summary or available disclosure documents must be sent to you by the existing insurer.) Ask for and retain all sales material used by the agent in the sales presentation. Be sure that you are making an informed decision.

The existing policy or contract is being replaced because NO REPLACEMENT


30 DAY RIGHT TO CANCEL

If you are replacing the above coverage and for any reason you are not satisfied with the contract or policy, if issued by Company, you may return it to us within 30 days of the delivery of the contract or policy and receive an unconditional full refund of all premiums or considerations paid on it, including any contract fees or charges or, in the case of a variable or market value adjustment contract or policy, a payment of the cash surrender value provided under the contract or policy, plus the fees and other charges deducted from the gross premiums or considerations or imposed under such contract or policy. You may return it by delivering or mailing it to our Administrative Office, 4333 Edgewood Road NE, Cedar Rapids, IA 52499, or to the agent from whom you purchased this contract or policy.

I certify that the responses herein are, to the best of my knowledge, accurate:

 Estela Rodriguez
Applicant's Signature and Printed Name

3/12/08
Date

 Edward L. Maggiano Sr.
Producer's Signature and Printed Name

3/12/08
Date

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I do not want this notice read aloud to me. _____ (Applicants must initial only if they do not want the notice read aloud.)

A replacement may not be in your best interest, or your decision could be a good one. You should make a careful comparison of the costs and benefits of your existing policy or contract and the proposed policy or contract. One way to do this is to ask the company or agent that sold you your existing policy or contract to provide you with information concerning your existing policy or contract. This may include an illustration of how your existing policy or contract is working now and how it would perform in the future based on certain assumptions. Illustrations should not, however, be used as a sole basis to compare policies or contracts. You should discuss the following with your agent to determine whether replacement or financing your purchase makes sense:

PREMIUMS:

- Are they affordable?
- Could they change?
- You're older – are premiums higher for the proposed new policy?
- How long will you have to pay premiums on the new policy? On the old policy?

POLICY VALUES:

- New policies usually take longer to build cash values and to pay dividends.
- Acquisition costs for the old policy may have been paid; you will incur costs for the new one.
- What surrender charges do the policies have?
- What expense and sales charges will you pay on the new policy?
- Does the new policy provide more insurance coverage?

INSURABILITY:

- If your health has changed since you bought your old policy, the new one could cost you more, or you could be turned down.
- You may need a medical exam for a new policy.
- (Claims on most new policies for up to the first two years can be denied based on inaccurate statements.
- Suicide limitations may begin anew on the new coverage.)

IF YOU ARE KEEPING THE OLD POLICY AS WELL AS THE NEW POLICY:

- How are premiums for both policies being paid?
- How will the premiums on your existing policy be affected?
- Will a loan be deducted from death benefits?
- What values from the old policy are being used to pay premiums?

IF YOU ARE SURRENDERING AN ANNUITY OR INTEREST SENSITIVE LIFE PRODUCT:

- Will you pay surrender charges on your old contract?
- What are the interest rate guarantees for the new contract?
- Have you compared the contract charges or other policy expenses?

OTHER ISSUES TO CONSIDER FOR ALL TRANSACTIONS:

- What are the tax consequences of buying the new policy?
- Is this a tax-free exchange? (See your tax advisor.)
- Is there a benefit from favorable "grandfathered" treatment of the old policy under the federal tax code?
- Will the existing insurer be willing to modify the old policy?
- How does the quality and financial stability of the new company compare with your existing company?

What Insurer-approved sales materials were presented and given to the applicant?

Description of Material (ex: brochure, folder, highlight sheet): _____

Identifying number given to the sales material (Usually found in the bottom corner): _____

What Insurer-approved sales materials were presented and given to the applicant?

Description of Material (ex: brochure, folder, highlight sheet): _____

Identifying number given to the sales material (Usually found in the bottom corner): _____

What Insurer-approved sales materials were presented and given to the applicant?

Description of Material (ex: brochure, folder, highlight sheet): _____

Identifying number given to the sales material (Usually found in the bottom corner): _____

Producer's Signature

Edward L. Maggiano Sr.
Producer's Printed Name

3/12/08
Date